

DISABILITY, NEURODIVERGENCE AND MENTAL HEALTH IN GLOUCESTERSHIRE



Incorporating news and updates from Gloucestershire's Partnership Boards & Partners



Welcome to the Summer 2025 edition of Disability, Neurodivergence, and Mental Health in Gloucestershire.

As the summer draws to a close, sadly from my perspective this also marks the end of integrated commissioning between Council and NHS. The last few months has been leading up to this, towards eventually 'aligned commissioning' with the official start of the new Council Adults Commissioning structures commencing at the beginning of September. It is still unclear how NHS commissioning will look. Details of the all the new structures will follow in a subsequent newsletter when the noise has reduced. For now, a number of you will come across new names and faces.

The reorganisation has meant some key people moving on. I would like to say a goodbye to Nadine Blewitt, who for this year has superbly supported the Neurodivergent / Autism commissioning and Partnership Board activity, and before this year Mental health work. She moves on to a new job in the Gloucestershire Diocese team. Both myself and Jan Marriott, amongst many others, will miss her greatly.

Another sad change concerns Noor. At the start of September, she moved to a new role within the Council and will shortly transition away fully from the Partnership Board. Working with Noor for more than five and a half years has been a privilege and a pleasure. It will be difficult to match her dedication to autism, neurodivergence and related activities. Noor has also been a brilliant co-editor of this newsletter. Apologies therefore for any drop in standards!

On a more positive note, as always though, a great mix of things going on across the community, only a small amount of which is covered here. Thanks to all for your dedication.

Andrew Cotterill
Chair of the Autism / Neurodivergence Partnership Board

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The Collaborative Partnership Board consists of our chairs from our 5 Partnership Boards:

- Autism (and Neurodivergence) Partnership Board
- Carers Partnership Board
- Learning Disability Partnership Board
- Mental Health & Wellbeing Partnership Board
- Physical Disability & Sensory Impairment Partnership Board



In June, in partnership with GCC's Adult Social Care, the Collaborative Partnership Board Co-Production Charter was launched. It was produced and developed by people with lived experience and representatives from these Boards was released. This has had a wider range of co-production involvement.

You can see The Coproduction Charter - [here](#).

You can read in [Easy Read](#) here.

You can access it in [Plain English](#) here.

Adult Social Care Commissioning - New Structure

From 1 September 2025, Adult social care (ASC) commissioning has become aligned with our integrated care system. ASC commissioning is the process of planning, purchasing, and monitoring social care services to ensure they meet the needs of individuals and communities.

The team is part of a wider adult social care directorate across Gloucestershire, which includes operational social work teams, services (such as respite and day centres), finance and support teams, and transformation and change teams.

The ASC commissioning have five teams, who work together to deliver adult social care commissioning for Gloucestershire County Council. These include strategic, quality, contract management, brokerage and commissioning support.

Strategic	Quality	Contracts:	Brokerage	Support
Long-term planning, housing, carers, advocacy	Provider assurance, workforce, complaints	Contract oversight, payments, compliance	Individual placements, fee negotiation	Admin, governance, training, risk

The latest Mental Health Networking Event was in partnership with the Autism (and Neurodivergence) Partnership Board held on Tuesday 1st July. The event focussed on celebrating safe spaces from around Gloucestershire which support mental health and neurodivergence.

The event was hybrid and had space for networking and information stalls, with presenters from Inclusion Gloucestershire, GRCC's Community Autism Support & Advice (CASA) Service, Creative Sustainability and Neurodiversity Youth Project. Each section was then followed by a Question-and-Answer session. We shared lots of learning and information for individuals with lived experience of mental health and/or neurodivergence and organisations supporting them.

Life in the MiND were our hosts, a multimedia project to spread awareness and acceptance of neurodivergent lived experiences. They facilitated a podcast type conversation, speaking with our presenters about their safe spaces for those with Mental Health and/or Neurodivergence, as well as offering their own perspectives.

The event was recorded and can be watched here: <https://youtu.be/dV81Qnz6NIA>. Special thanks to Andrew for chairing it so well, and all our presenters for sharing invaluable information and insights, which was greatly appreciated by everyone.



Healthwatch Gloucestershire published the 2024/25 annual report which highlights all the work that staff and volunteers have done over the past year, and how we have collaborated with people and organisations to share public feedback with health and social care commissioners to make improvements. Thank you for all of your support. The annual report contains links to our two most recently published reports focussing on

- **Hidden Homelessness and Quality of life for older adults**

Top tips for accessing your GP practice: We published our report on **Accessing GP Services** in Gloucestershire in 2024 based on public feedback. We found that:

- 56% of respondents had changed the way they access their GP in the past year.
- Poor communication causes confusion and frustration about appointment booking processes, triage systems, and the roles of different healthcare professionals.

In response to this, Healthwatch Gloucestershire have developed an information booklet in collaboration with NHS Gloucestershire and the Local Medical Committee, as well as patient groups. The aim is to provide information on the different staff roles and services people might see at their GP practice, as well as other helpful tips and advice. The booklet can be found [here](#).

New project: Understanding Autism & ADHD Experiences in Young People: Healthwatch Gloucestershire has launched a new project to explore the gendered experiences of young people aged 11–25 who are autistic and/or ADHD. We're focusing on the voices of girls, young women, and gender-diverse young people, including those who are trans and non-binary - groups who are often underrepresented in research and whose experiences are less well understood. This project aims to better understand the challenges young people face, what support looks like now, and how things could be improved in Gloucestershire. The views and stories shared will help influence services and shape future support. We're currently seeking to connect with individuals, organisations, and services who work with or support young people who may want to contribute their views. We're keen to shape our approach around what feels most comfortable for the people involved. If you're part of a service, school, project, or community group that would like to support this work, or simply find out more, please get in touch.

 **Contact Beth:** beth.foster@healthwatchgloucestershire.co.uk

For more information or to share your experiences of health and social care, contact via **email**, call on 0800 652 5193, or visit the **website** to complete a simple webform.

Inclusion Gloucestershire's research looks at barriers to accessing free or low-cost talking therapies for disabled people, highlighting the need for reasonable adjustments and treating disability as important in therapy.

The key themes were

- Services often fail to offer, record, and share reasonable adjustments, creating access barriers from first contact (e.g., access, delivery mode, therapy type).
- Disability is not treated as clinically relevant within therapy—adjustments and diagnoses are sidelined, forgotten, or not handed over between staff, undermining therapeutic benefit.
- Everyday realities of disability (fluctuating health, reliance on carers, transport barriers, low income) are not accommodated, and people can be penalised for disability-related non-attendance.
- Gatekeeping via diagnosis/status occurs—some refused due to “serious mental illness” even when inactive/controlled, rather than risks being assessed and managed.
- Inflexible processes and communication, including limited referral routes and inaccessible information/workbooks, exclude people who need alternative formats and channels.
- Clinician capability and confidence gaps—insufficient training in disability equality, neurodiversity (including autism), trauma & disability, and reasonable adjustments; need for user-led (“Experts by Experience”) training.
- Policy and culture changes are required: adopt a proactive “can-do” stance; collaboratively explore adjustments at assessment; avoid “three-strikes” rules for disability-related absence; provide flexible delivery (online, group, face-to-face).
- Practical enablers matter: clear accessibility info on websites, simple proof for low-cost eligibility, transport bursaries/power-chair-taxi support, and scheduling aligned with transport/care realities.
- Commissioners have a key role to expand free/low-cost, accessible options and require providers to implement the above accessibility and adjustment standards.

The recommendations based on the research findings include the need for collaborative exploration of reasonable adjustments, clear information on accessibility, and flexibility in therapy delivery. The report can be found [here](#).

Fetal Alcohol Spectrum Disorder (FASD) - Things you thought you knew, but perhaps don't. International FASD Awareness Day is symbolically on 9 September each year. I am a PhD student and assistant lecturer in the Birmingham City University Social Work department exploring the social work support available for families who have adopted a child with diagnosed or suspected FASD.

I am also Mum to a wonderful daughter with Fetal Alcohol Spectrum Disorders (FASD). Here, I bust just a few of the commonly held assumptions about FASD, to raise awareness about this really common and often-misunderstood condition.

1. Only women who are binge drinkers or dependent on alcohol are at risk of having babies with FASD

We now know there is no safe amount of alcohol that can be consumed in pregnancy. Since 2016, the advice from chief medical officer in the UK has been 'it is safest to avoid drinking alcohol in pregnancy'. It's interesting that this advice has been the standard in other countries for longer than it has in UK. In so many ways, we're just catching up.

2. FASD is diagnosed due to the facial features

The 'sentinel' facial features that are particularly related to alcohol exposure in utero have historically been a diagnostic tool for FASD. However, these are only evident in a low percentage of the population with FASD (approx. 5%)

The majority of children born with FASD don't have the facial features and other aspects of their presentation such as behavioural and emotional regulation need to be considered in order to make a diagnosis.

3. FASD can't really be diagnosed

In 2022, the first FASD quality guidelines were launched in England by the National Institute for Health and Care (NICE). These follow on from the guidelines already in place in Scotland.

The guidelines were introduced alongside the NHS FASD health needs assessment, giving clinicians clear criteria for diagnosis.

4. Children with FASD will grow out of the issues they experience

FASD is a lifelong disability impacting all areas of a person's life

5. FASD is rare

International FASD studies have consistently reported that this isn't a rare condition. In 2021, a study by the University of Salford showed that FASD is more common in the UK than Autism.

6. How could someone intentionally harm their baby like that?

The stigma experienced by birth mothers of children with FASD is a significant barrier to seeking support and accessing services.

Not only do sentiments like the statement above increase blame and shame, but they also correlate to the way funding is allocated to the 'deserving' versus 'undeserving'. This perpetuates the challenges faced by families and people with FASD.

7. They cannot have a disability because they are good at xyz

The majority of people with FASD present with what is known as a 'spiky profile'.

This means they're able to function well in some areas and not in others. This can vary from day to day, depending on the environment, sensory issues, and their physical and emotional state.

Gloucestershire Contact: If you are a professional or a parent or both and want to know more about what we can do to support families in Gloucestershire with a child/children with suspected or diagnosed FASD get in touch with me on Rebecca.govan2@bcu.ac.uk.

Other information on FASD is available on the UK National organisation website here: <https://nationalfasd.org.uk/>



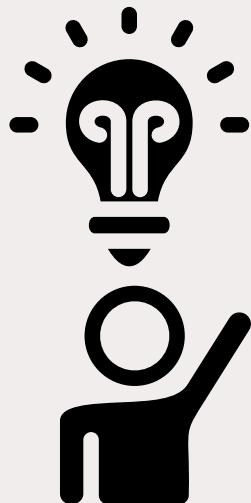


Gloucestershire's Autism Partnership Board brings together people with lived and professional experience of autism and neurodivergence to oversee the implementation of the local Autism strategy. Our local priorities reflect the six overarching themes of the National Autism Strategy. Some of this quarter's highlights are shown below:

Theme 1 Highlights

Improve understanding and acceptance

- The Mental Health Partnership Board held a joint network event, with a focus on safe spaces for those with intersectional need. Hosted by Life In The MiND, the event heard from CASA, ND Youth Hub, Creative Sustainability and Inclusion Gloucestershire.
- Neurodivergent Working group in GCC regrouped and will hold a safe space with Jo Walker, CEO.



Theme 2 Highlights

Improve access to education & support positive transitions into adulthood

- We are working to support children's mental health professionals in developing their skills and confidence working with neurodivergent children and young people.
- We are continuing our project to understand the experiences of autistic children and young people in Gloucestershire to understand what we do well and where we have gaps.

Theme 3 Highlights

Support more people into employment

- The Employment and Skills Hub had 57 referrals where Autism was declared as their main disability.
- Supported 4 individuals into paid employment and 8 into work experience or voluntary placements
- Hosted a Jobs Fair alongside DWP in Cinderford, where we had a quiet hour for individuals who wished to attend but couldn't deal with the large crowds and noise.



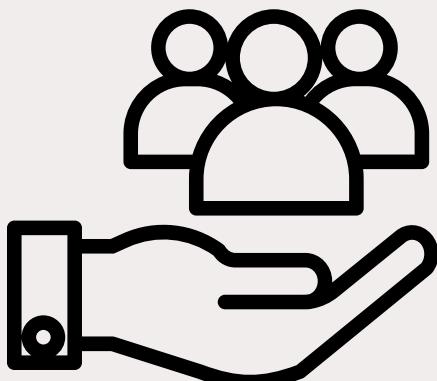
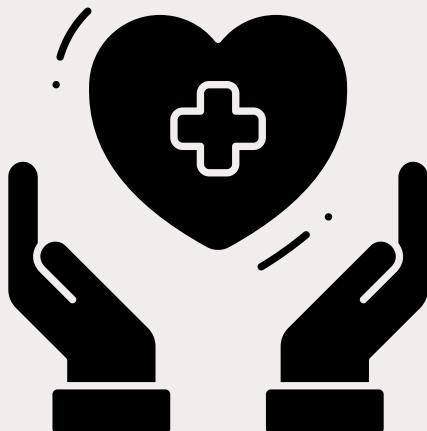


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Theme 4 Highlights

Tackle health & care inequalities

- The Waiting Well initiative has set up a project group for adults, to understand diagnosis needs for those who are waiting for an Autism and ADHD diagnosis.
- Continue to work closely the Diagnostic Team and Autism Liaison Officer to embed learning within the system.
- Children colleagues are commencing work on a needs assessment to understand demand and need of the population.



Theme 5 Highlights

Build the right support in the community & support people in inpatient care

- The Autism Partnership Board to present at the ASC Quality Assurance Board in October.
- The Neurodiversity network's asset map is under production and will hopefully be showcased in the next newsletter, which currently has 80 leisure and community activities logged, with a further 80 to be added.

Theme 6 Highlights

Improve support within criminal & youth justice systems

- Hate Crime steering group met to discuss developing priorities for the new Hate Crime Strategy, with representatives from the Partnership Board highlighting neurodivergent needs.
- Planning continues for a follow up on last week's Hate Crime event to explore Mental Health & Neurodivergence.





The UNBOXED Peer Mentoring project follows a two-year pilot project called Zig/Zag, designed to explore and evaluate the impact of one-to-one peer support for neurodivergent adults in Gloucestershire. It is being funded by The Julie Rausing Trust and delivered by Inclusion Gloucestershire.

What we offer: We pair people who are discovering their own neurodivergence with a volunteer mentor who has their own lived experience of identifying as neurodivergent, to work together for up to 6 months. People can choose to meet face-to-face or online.

Follow the link [here](#) to find out more about our project and how people can register their interest to become either a Mentor or Mentee.

As a “**Mentee**” you receive 1:1 peer support to explore your neurodivergent experience.

As a “**Mentor**” – you can use your own lived experience to support someone else who identifies as Neurodivergent and receive training to become a volunteer “Peer Mentor”.

Please note:

- The project is not intended to replace other forms of support that are already available for neurodivergent people in Gloucestershire (including existing peer-led support groups).
- We do not provide counselling, therapy, or specialised mental health support.



CASA provides support for autistic adults across the whole of Gloucestershire, through drop-ins, one-to-one support, peer support, plus information, resources and guides. We also offer support to friends and families of autistic adults.

CASA DROP-INS: Our very popular fortnightly Cinderford drop-in group has out-grown its old meeting place at CANDI, and moved to new venue with more space. We now meet in *The Barn* at Littledean Tap House, Cinderford GL14 3NL.

We currently have face-to-face weekly or fortnightly drop-in groups at Cheltenham, Gloucester, Cinderford, and Tewkesbury, plus a fortnightly Friendship Group specially for young autistic adults aged 18-25. We also have a fortnightly online drop-in group on Zoom, and a monthly online drop-in for Friends and Families of Autistic Adults.

CASA Drop-ins are a place for fun activities (e.g. quizzes, games, or art), discussion about issues around autism, and mutual support, socialising and making friends. Each session usually has a theme or topic for discussion and information sharing.

CASA ONE-TO-ONE SUPPORT: We can give one-to-one support over a period of weeks or months to a limited number of adults who have an autism diagnosis – you can self-refer or be referred by a professional.

To reach more people with our one-to-one support, we've recently started an extra service called **RISE (Remote Independence Support and Empowerment)**. This offers one-off, bookable 60 minute sessions that can take place in person, or by phone, or online. Recently in RISE sessions we've helped a client obtain reasonable adjustments at work, helped another client with signposting for benefits support, helped someone make sense of a diagnostic report, and much more.

RISE sessions can be booked via our online booking tool at www.cal.com/casarise, or call or email us if you'd like to know more. To be eligible, you need to be over 18, already have an autism diagnosis, and either be resident in Gloucestershire or registered with a Gloucestershire GP.



Our BLACKSMITHING COURSE is underway

Thanks to grant funding from The Worshipful Company of Ironmongers, our blacksmithing course for autistic young people aged 16-25 will be running throughout September and October.

The course is linked to the “Earth, Fire, Iron” exhibition at Stroud’s Museum in the Park from 6th September to 2nd November, which commemorates the life and work of the nationally-renowned Gloucestershire Artist-Blacksmith Alan Evans who died in 2023. Come along to the exhibition in October and hopefully you’ll see some work made by our new CASA blacksmiths!

VOLUNTEER WITH CASA

Are you autistic, or do you have experience supporting autistic individuals? Are you interested in supporting others? Or maybe you are looking for valuable experience and a chance to learn new skills?

We’re running a volunteer recruitment drive at the moment – we have volunteering opportunities for people to help support our drop-ins, and for people to help us update and revise our leaflets, guides, and passports. We’re particularly keen to have help from people with lived experience who can help us improve our existing resources and develop new ones.

CASA CONTACTS

For more information, and links to our leaflets and resources such as “Guide to Useful Autism Apps and Websites”, our “Autism Passport”, and “Employment Passport”, visit: <https://www.grcc.org.uk/CASA>

We’re available by [email](#) and phone on 01452 317460 (Monday-Friday: 9.00am–4.30pm).

For weekly updates about our Drop-in Groups and full details of drop-in venues and times, see our pages on Instagram and Facebook:

<https://www.instagram.com/casagloucestershire/>

<https://www.facebook.com/CASAGloucestershire>





Communications and The Double Empathy Problem

When people talk about autism (and sometimes ADHD), one of the first things mentioned is “communication problems.” The diagnostic manuals (DSM and ICD) even list communication differences as part of what defines autism, and impulsive communication traits for ADHD. Even from the official manuals, it can look as if many neurodivergent people simply “don’t get” many of the communication rules. But from the perspective of many autistic, ADHD people and many other neurodivergent individuals with alternative communication styles, that picture feels incomplete. We do communicate – just differently.

The Double Empathy Problem (DEP) is a theory that explains why communication can break down between neurodivergent (ND) and non-neurodivergent people. It says the issue isn’t one-sided: it’s that two groups, with different experiences and expectations, struggle to read each other.

- ND↔ND conversations often feel smooth and energising.
- But in mixed exchanges, misunderstandings spike, especially when one group’s rules (e.g. “eye contact = honesty” or “small talk = friendliness”) are treated as only correct ones.
- Reactions usually put the burden on the neurodivergent person, meaning we are told to mask, adapt, and fit in – often at the cost of stress and authenticity.

Everyday analogy

Imagine growing up where not looking someone in the eye is respectful. In parts of Japan, China, and Korea, younger people traditionally lower their gaze with elders. In some Aboriginal Australian communities, direct eye contact – especially across age or gender – can be seen as rude. Now imagine moving to the UK, where the rule is the opposite: not making eye contact is judged as evasive or rude. Nothing about you has changed – only the rulebook did.

That is what many neurodivergent people experience every day: fluent in our own communication style, but judged by a culture that assumes its norms are universal. For example, many autistic and ADHD people genuinely find eye contact uncomfortable or distracting – in one culture that would “fit,” in another it is labelled a problem.

Where miscommunication spikes

Most research so far has been into autistic–non-autistic interaction, with some also looking at ADHD. Together, they highlight some of the biggest pressure points:

- **Eye contact:** Steady gaze is read as honesty and attention; many ND people regulate focus by looking away, which is often misread as evasive or rude.
- **Small talk & social rituals:** In the UK, small talk is a ritual of belonging; many ND people prefer to skip chit-chat and go straight to purpose.
- **Tone, rhythm & prosody:** People read emotion and intent from vocal patterns; ND speech may differ in intonation or pacing, and some people find it harder to decode others’ tone.



- **Facial expression:** Expressions are expected to “fit” the moment; ND affect may be neutral, delayed, or differently timed, leading to misjudgment.
- **Pauses & processing:** Quick replies are seen as fluency; many ND people need extra processing time, so pauses get misread as disinterest or awkwardness.
- **Interruptions & overlaps:** In ADHD, blurting, interrupting, or overlapping speech can be enthusiasm-driven; in mixed settings this is judged as rudeness or lack of control.
- **“Not listening” signals:** ADHD listeners may doodle, fidget, or look away while paying attention; non-ND observers often misinterpret this as disrespect or disengagement.

Other common sources include literal vs figurative language, stimming and body language, direct vs indirect styles, and adapting to context.

Why it matters

These mismatches ripple out into daily life:

- Friendships may falter when different rules clash.
- In School, a student who avoids eye contact and skips small talk with the teacher is marked as “disengaged,” even though they are listening closely and ready to learn.
- Workplaces and interviews often prize speed, small talk, and unspoken norms — all tough for ND communicators.
- In healthcare or justice settings, reduced gaze or flat tone can be misread as guilt, lack of empathy, or disengagement.

When the whole responsibility is pinned on the ND person, the result is masking — hiding natural cues, forcing eye contact, padding speech with small talk — at great cost to wellbeing.

Meeting halfway

The Double Empathy Problem reframes the task: instead of “fixing” neurodivergent communication, it asks both sides to meet in the middle. That might mean:

- Allowing eye contact to be optional.
- Giving more time for responses.
- Making expectations explicit instead of relying on hints.
- Emotional expression maybe different between people

For ND people, it can also mean finding quick ways to explain preferences (“I’ll need a moment to think”) and asking for clarification directly.

Bottom line

The Double Empathy Problem shows that communication breakdowns are relational, not defective. The challenge isn’t that neurodivergent communication is broken, but that different “dialects” are being spoken. The solution isn’t one side masking — it’s both sides listening, adjusting, and learning to meet halfway.

Our communication isn’t broken. It’s a different accent. Let’s learn to listen across dialects.



SELECTED RESOURCES

Here you'll find some neurodivergent resources that may be of interest.

Please be aware that content linked to from this page is not necessarily provided by us, we cannot guarantee that all the content is perfect - merely that we hope you might find it of interest!



YouTuber of the issue!



I'm Autistic, Now What?

I'm a 29 year old late-diagnosed autistic (& ADHD) woman from the UK. Without YouTube, I never would've discovered that I am autistic. So now I'm returning the favour! I want to share videos that will help others discover their own neurodivergence and also videos about what to do post this new self-discovery.

Here's Meg's YouTube Channel: [Videos](#)

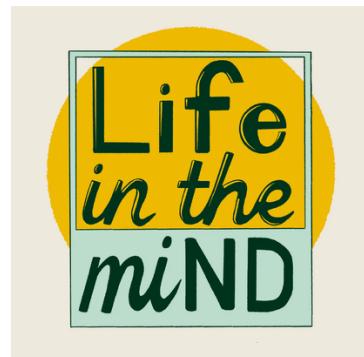
Theme based resources of the issue!

Life in the mind - Hosts for the Mental Health & Neurodiversity Network Event.

Life in the MiND is a multimedia Inclusion Gloucestershire project dedicated to validating neurodivergence through personal experience. The podcast is hosted by neurodivergent people.

Murray Spear and Joy-Amy Wigman talk with various guests about their relationship with neurodivergence, discovery and diagnosis and how it changed their relationship with themselves. We also tackle topics facing them and the community.

Here are links to their podcast interviews. They can be found on Podbean or Youtube.



[Life in The Mind podcasts On Podbean](#)

[Life in The Mind podcasts On Youtube](#)



DATES FOR YOUR DIARY

Here are support groups, meet ups or events happening around Gloucestershire over the next quarter. Let us know if you need anything relevant adding.



Your Voice SW Neurodiversity Group

Meets online on the first Thursday of every month from 18:00-19:30. Contact Sammy Roberts on sammyr@inclusion-glos.org.

Churchdown Autism Group

Meets at Churchdown community centre on the first Thursday of the month from 14:00-15:30. Contact rachel.hodges-cox@nhs.net or cashmir.martin@nhs.net.

Gloucestershire ND Hub Events

Various events and activities for young and adults
See [ND Hub Events](#)

The Youth Forum

The Youth Forum is for autistic and other neurodivergent young people between the ages of 13 and 19. It is about having your say about how things can be better in Gloucestershire. Held as a monthly Zoom group it meets on a Tuesday evening between 5.30pm and 6.30pm. It is a chance to meet other autistic and neurodiverse young people and support each other. If you want to join the forum and have your say about things that are important to you, a parent or guardian needs to complete a consent form. For more information, email: emily@inclusion-glos.org.

Your next Autism (and Neurodivergence) Partnership Board

Tuesday 9th September 2025
10.00am to 12.30pm
Venue: Zoom [Online]

Main Topics:

More on Children & Young People and others

Future Partnership Board Dates:
Tuesday 2 December 2025
10.00am to 12.30pm
Venue: [Online]

WANT TO JOIN THE PARTNERSHIP BOARD?

WE MEET ONCE PER QUARTER. IF YOU WOULD LIKE TO COME TO OUR NEXT MEETING, **EMAIL:** NEURODIVERSITY@GLOUCESTERSHIRE.GOV.UK.

MORE INFORMATION

TO FIND OUT MORE, AS WELL AS READ PREVIOUS NEWSLETTERS, VISIT:

[HTTPS://GLOUCESTERSHIRE.GOV.UK/HEALTH-AND-SOCIAL-CARE/DISABILITIES/AUTISM-PARTNERSHIP-BOARD/](https://gloucestershire.gov.uk/health-and-social-care/disabilities/autism-partnership-board/)





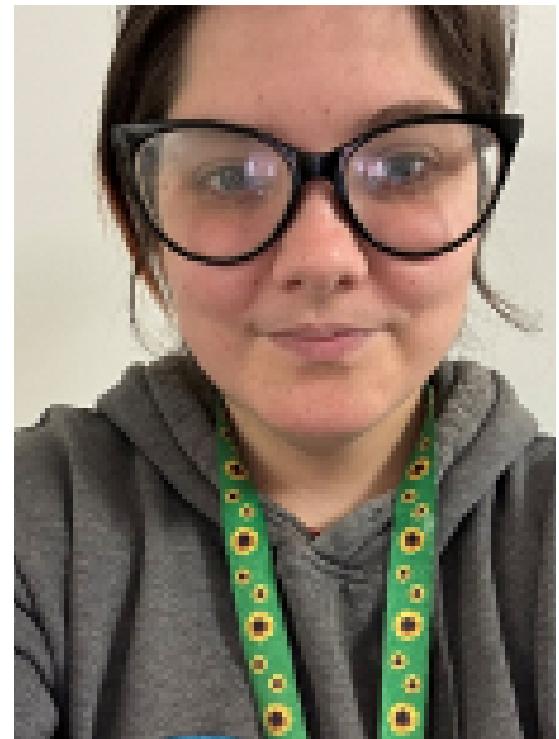
From your Co-Chairs:

Sinead Harper and Jan Marriott

The Learning Disability Partnership Board are pleased to welcome our new co-chair, Sinead Harper. Sinead started in July and co-chaired her first meeting on Monday 18th August.

Sinead reflects on her new role:

My Name is Sinead Harper, I have recently started as the LDPB Co – Chair. I was interested in this job role as I wanted to make a lot of positive changes and make sure you are all able to get all your views and opinions taken into account. We recently had the LDPB meeting at Kingfisher Hub in Gloucester. It was amazing to hear from different organisations like the Gloucestershire and Oxfordshire Community Rail Partnership and the Inclusion Gloucestershire Travel Training Team.

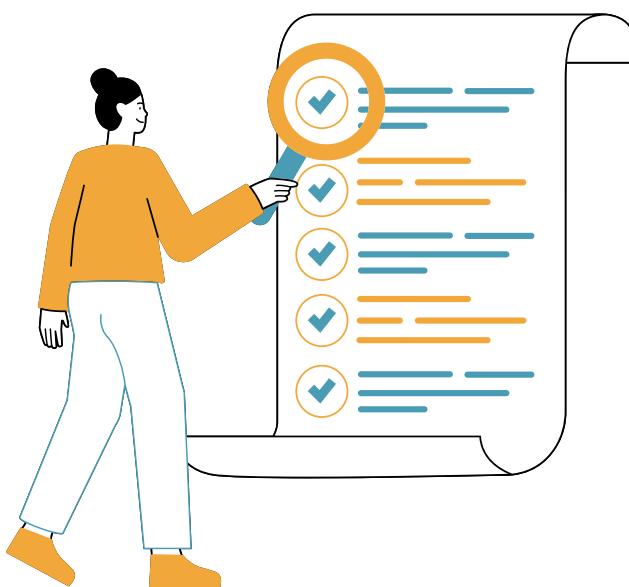


The Gloucestershire and Oxfordshire Community Rail Partnership (GOCRP)

The GOCRP supports people to feel empowered to use public transport. They do this through trips, workshops, focus groups, station improvements and working with Train Operating Companies like GWR or Cross Country.

For more information and to get involved, please contact Bee: bee@gocrp.org.uk





LD Partnership Board Priorities

The Board also reviewed the current LDPB priorities and we will be sharing what people said very soon.

Our next meeting is on:

Monday 20th October from 11am

Travel Training

Travel Training is a free service, offered by Inclusion Gloucestershire for Gloucestershire residents aged 18+ who identify as disabled such as physical, long term health condition, neurodiversity, mental health, learning disability or other.

The Travel Training Project offers two types of support:

- Travel Training where a person learns to travel independently with a trainer.
- Travel Companion Journeys where people learn more about being supported by a companion on journeys.



For more information, visit the Inclusion Gloucestershire [website](#) or [email](#).

Joining the Learning Disability Partnership Board

The Board meets every two months on a Monday at the Treasure Seekers Hub in Eastgate Street, Gloucester. If you would like to join us please either email: partnershipboards@inclusion-glos.org or call Inclusion Gloucestershire on 01452 234003





From your Chair: Jan Marriott

And the Mental Health Partnership Board Team

Our latest Partnership Board on 17th July had presentations and updates on the following:

Update on Lived Experience Community of Practice, which highlighted the positive first session, there were loads of ideas generated during the session, but some of them would require funding to implement. The current funding stops in August and work is underway to look at securing resources for the project to continue.

Patient and Carer Race Equality Framework (PCREF): The framework addresses mental health inequalities experienced by different racial groups and serves as an accountability framework for NHS England's advancing mental health equality strategy. Gloucestershire Health and Care Trust was an early adopter of the PCREF in 2020-2023. A recent advisory report was commissioned in February, which included a self-assessment against organisational competencies and a wider national approach. The report provided recommendations on where to focus efforts for compliance with the framework, an improvement plan is being developed based on the recommendations.

The importance of community engagement and Co-production in the implementation of PCREF was discussed. There is a steering group for the work which includes members with lived experience and that the organisation is committed to working with the community to ensure the framework is effectively implemented.

More information about PCREF can be found using the links below:

- <https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/>
- <https://www.ghc.nhs.uk/news/introducing-the-patient-and-carer-race-equality-framework-pcref/>

Joining the Mental Health & Wellbeing Partnership Board.

If anyone is interested in the joining the Board or Network meetings please email: asc.co-production@gloucestershire.gov.uk.

Research on Accessing Talking Therapies

Inclusion Gloucestershire's research was presented which looks at barriers to accessing free or low-cost talking therapies for disabled people, highlighting the need for reasonable adjustments and treating disability as important in therapy.

Three main themes were highlighted from the research findings:

- Providing reasonable adjustments,
- Treating disability as important in therapy,
- The impact of living with a disability.

These themes explore how the lack of reasonable adjustments, the neglect of disability in therapy, and the day-to-day challenges of living with a disability create barriers to accessing and benefiting from talking therapies. [**See here for a whole page on it!**](#)

Healthwatch Gloucestershire discussed their recent projects around the 2024/25 priorities which were; exploring access to health and care services for people who are 'hidden homeless', understanding quality of life for older adults in Gloucestershire and access to Pharmacy services. Their annual report can be seen [**here**](#).

Their new priorities for 2025/26 were shared which are; inpatients experience at Gloucestershire Royal Hospital, attitudes and accessibility of the NHS app, children and young people's mental health.





From your Co-Chairs: Katie Peacock and Jan Marriott

PDSI Partnership Board meetings round up

- what you need to know!

Thanks to everybody that came along virtually to our July online meeting. The Board came together as strongly as ever to participate, share, advocate & innovate for a greater and more inclusive Gloucestershire. Our meetings are always so rich in energy, connection and passion to make change happen!



Spotlight On: Community Catalysts

Helping local people set up microenterprises to provide care and support, Community Catalysts is all about local people helping local people.

Heather, our local lead, is on a mission to grow Gloucestershire's microenterprise directory ('Small Good Stuff') – and make it as impressive as the East of England's!

From getting DBS checks to creating policies, she helps people step-by-step and even found funding routes for those on lower incomes. Lots of exciting opportunity for working together in co-production in the future as the service develops and needs to link up with those in need of care and Support. Watch this space for further developments...

Accessibility of the service was discussed with GCC Comms and Insight Gloucestershire suggested as allies. A very exciting project in its infancy. If you are thinking of becoming self-employed to offer care and support, companionship, gardening, or cleaning services, etc.

Get involved at the grass roots - and look at the website for more information:

<https://www.communitycatalysts.co.uk/gloucestershire>



👉 Coproduction Charter

We discussed the new GCC Adult Social Care Co-Production Charter – and our desire to make it broader than just Adult Social Care.

As a Board we have always been in no doubt that the philosophy “nothing about us, without us” is one that we must be actively campaigning on loud and proud!

Services run more effectively and have better outcomes for all parties, when they are designed with the people, carers & allies that rely on them daily. Jan reminded us: nothing stops the Board from sharing it widely now. Dave encouraged us to keep the momentum going – “a charter only works if it’s embedded.”

Transport, Access & Activism

There's an appetite for the Board to step up its role in pushing for better accessibility – from transport to buildings to digital spaces, in the county. With dedicated authentic co-production to positively affect changes to improve inclusivity in Gloucestershire.

There is always so much more to be done. We would really love it if you would join us to have your say! Your voice matters to our community. Help us make a difference, together we are stronger!

Please check out our Facebook page: [Gloucestershire Physical Disability & Sensory Impairment Partnership Board | Facebook](#)

In person: Our yearly Summer in-person meeting also featured in July ☀️

We rolled out the welcome mat for a fantastic mix – local authorities, health services, voluntary and community groups, advocacy champions, and those with lived experience.

Co-Chair, Katie, kicked things off with a big thank you to everyone for turning up in person, ready to share, listen, and help shape the future.





Neurology Subgroup Update

Dave Evans reported that the group is bringing together people with various neurological conditions to find common ground and share experiences. These insights undoubtedly help shape better health service delivery. Accessibility is a recurring theme – and we know it means different things to different people.

Christian and Tasha from Accessible Gloucestershire agreed: it's about doing what you can to improve access, even if perfect accessibility for everyone isn't always possible. Farooq from Gloucestershire Hospitals invited members to join the hospital's accessibility panel and September's PLACE assessments. As part of the drive to make GHFT services accessible to all our patients, carers and visitors, we have put together a panel to discuss the physical environment and provide expert advice, guidance and make recommendations which will then be taken under advisement by the Trust.

Panel members are Trust employees with physical and/or sensory disabilities, experts by lived experience and partner organisations working with, or supporting people with physical and/or sensory disabilities. The panel meets once a quarter virtually. If anyone is interested in joining the panel or would like to discuss this in more detail before making any decisions, please don't hesitate to contact Farooq on email or **07974 433444**.

🎯 Priorities: Keeping It Local, Making It Count

We revisited our current priorities – and asking the big question: Do we need new ones? **The verdict?** Let's focus on specific, local issues where we can really make change happen. By staying targeted, we stand a better chance of delivering real results for the community.

🗣 Talking Therapies - The Research Speaks

Harriet shared the latest Talking Therapies study results.

Feedback from service users was incredibly poor/very mixed – with some concerns raised about current provision. But here's the good news! After the meeting, Jan met with Edward, CEO of Gloucestershire Counselling Service. He has not only shown a great interest in the findings, but most importantly he is keen to act. He's brimming with ideas for improvement and has a desire to be part of the PDSI Board and the Neurology Subgroup. This will be our opportunity to influence tangible change.



From your Co-Chairs: Katie Peacock and Jan Marriott

Benefits Update – ESA to Universal Credit

Stuart (DWP) explained the ongoing migration from Employment and Support Allowance (ESA) to Universal Credit (UC), plus updates on Personal Independence Payment (PIP).

Key points:

- Step-by-step migration process
- Timescales to be aware of
- How claimants will be supported

Members raised questions about accessibility and communication during the switch over – ensuring no one is left behind.

In the Room: Ideas & Offers

- Lewis from Headway Gloucestershire asked for signposting around dating support for disabled people. Building Circles was suggested.
- Anyone interested in sharing their lived experience with the Cassey Commission's Health and Social Care Review to share experiences with Katie (Co-Chair) and any feedback will be provided after the beginning of September.

Final Word

We left energised, inspired, and reminded that our yearly in-person meeting is more than a catch-up – it's where momentum builds and that we are all needed to keep this going...

Thanks to everyone who came, spoke, listened, and brought ideas to the table.

We're always looking for new members to join the Physical Disability and Sensory Impairment Partnership Board and Neurology Subgroup. If you're interested in getting involved or want to learn more, please don't hesitate to reach out. Together, we can make Gloucestershire a more inclusive and accessible place for everyone! Please contact:

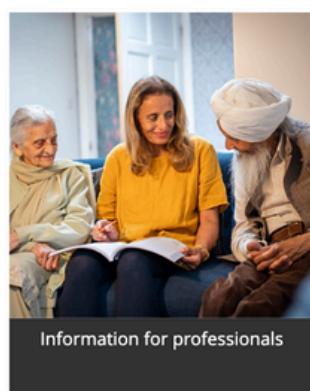
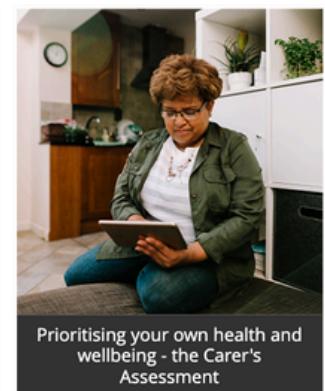
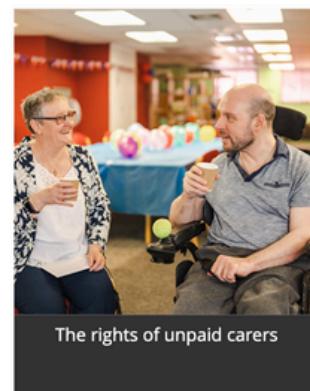
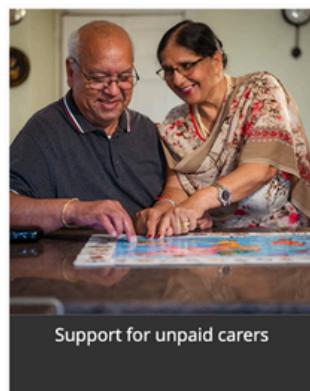
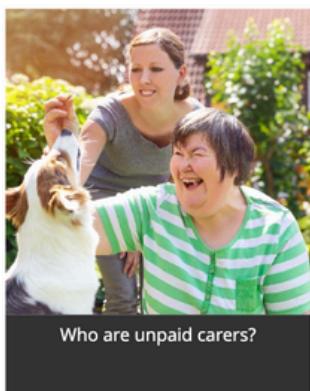
- **Physical Disability and Sensory Impairment Partnership Board:**
partnershipboards@inclusion-glos.org
- **Neurology Subgroup:** asc.co-production@gloucestershire.gov.uk

We wanted to take the opportunity to share a brief update on some of the progress made through our Accelerated Reform Funded (ARF) projects, CQC improvement plan, and business-as-usual work.

Over the past year, we've led a wide-ranging engagement programme, collecting over 1,000 pieces of feedback from unpaid carers and professionals. Insights were gathered via surveys, forums, events, and online sessions - designed with accessibility and inclusivity in mind. Using AI-supported analysis, this feedback was distilled into six key themes, all of which align with our wider priority areas.

Carers webpages

A key output from this work has been the redesign of the **carers webpages**, shaped and tested by unpaid carers and internal teams. The updated pages now offer clearer information, easier navigation, improved accessibility, and embedded carer quotes to bring their lived experience to life.



A dedicated 'Information for Professionals' webpage has also replaced the previous e-learning module, offering practical guidance on carers' rights, legal duties, and signposting tools - all in a more user-friendly format.

Our Communications

Our communications have also evolved, including a well-received Carers Week campaign featuring daily articles with practical advice and guidance. We continue to highlight carers' rights across regular newsletters, partner comms, and our digital platforms, in line with CQC expectations.

Looking ahead, we're developing a series of short, accessible videos to further support carers - covering rights awareness, our Carers Action Plan, and how to access support. We aim to continue assessing, monitoring and refining all content to ensure it meets the needs of carers and professionals alike.

UNPAID CARER DEFINITION:

"SOMEONE, OF ANY AGE, WHO PROVIDES SUPPORT TO OR WHO LOOKS AFTER A FAMILY MEMBER, PARTNER OR FRIEND WHO NEEDS HELP/ASSISTANCE DUE TO FRAILTY, PHYSICAL OR MENTAL ILLNESS, ADDICTION OR DISABILITY AND WHO CANNOT COPE WITHOUT THIS SUPPORT"



The Gloucestershire Carers Hub

If you are a carer in Gloucestershire and aren't receiving support, do visit the Gloucestershire Carers Hub website to find out more about what's available.
<https://gloucestershirecarershub.co.uk/>

